

GRAYS NURSING HOME, INC.  
555 NORTH CHESTNUT STREET  
PLATTEVILLE 53818

Phone: (608) 349-6741

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 20

Total Licensed Bed Capacity (12/31/03): 20

Number of Residents on 12/31/03: 20

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 19

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.0
Supp. Home Care-Personal Care	No					1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		5.0
Day Services	No	Mental Illness (Org./Psy)	15.0	65 - 74	10.0			-----
Respite Care	No	Mental Illness (Other)	15.0	75 - 84	35.0			90.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.0	95 & Over	5.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	5.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		12.1
Referral Service	No	Diabetes	20.0	Gender	%	LPNs		16.0
Other Services	No	Respiratory	10.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.0	Male	30.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	70.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	1	100.0	140	12	100.0	124	0	0.0	0	7	100.0	130	0	0.0	0	0	0.0	20	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	1	100.0		12	100.0		0	0.0		7	100.0		0	0.0		0	0.0	20	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----				
Percent Admissions from:		Activities of		% Needing Assistance of		Total
			%		% Totally	Number of
Private Home/No Home Health	37.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	95.0	5.0	20
Other Nursing Homes	0.0	Dressing	5.0	80.0	15.0	20
Acute Care Hospitals	56.3	Transferring	25.0	60.0	15.0	20
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.0	60.0	25.0	20
Rehabilitation Hospitals	0.0	Eating	35.0	60.0	5.0	20
Other Locations	6.3	*****				
Total Number of Admissions	16	Continence	%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	5.0	Receiving Respiratory Care	15.0	
Private Home/No Home Health	50.0	Occ/Freq. Incontinent of Bladder	75.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	30.0	Receiving Suctioning	0.0	
Other Nursing Homes	7.1			Receiving Ostomy Care	10.0	
Acute Care Hospitals	7.1	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	30.0	
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	35.7	With Pressure Sores	5.0	Have Advance Directives	75.0	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	14			Receiving Psychoactive Drugs	60.0	

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	84.6	1.12	80.3	1.18	88.1	1.08	87.4	1.09
Current Residents from In-County	80.0	75.5	1.06	75.6	1.06	69.7	1.15	76.7	1.04
Admissions from In-County, Still Residing	56.3	18.9	2.97	26.7	2.10	21.4	2.62	19.6	2.86
Admissions/Average Daily Census	84.2	152.9	0.55	109.6	0.77	109.6	0.77	141.3	0.60
Discharges/Average Daily Census	73.7	154.8	0.48	108.9	0.68	111.3	0.66	142.5	0.52
Discharges To Private Residence/Average Daily Census	36.8	63.8	0.58	28.0	1.31	42.9	0.86	61.6	0.60
Residents Receiving Skilled Care	100	94.6	1.06	77.5	1.29	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	100	93.7	1.07	92.5	1.08	93.1	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	60.0	66.0	0.91	52.5	1.14	68.8	0.87	65.9	0.91
Private Pay Funded Residents	35.0	19.0	1.84	41.3	0.85	20.5	1.70	21.0	1.67
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	30.0	31.3	0.96	40.0	0.75	38.2	0.79	33.6	0.89
General Medical Service Residents	30.0	23.7	1.26	14.4	2.09	21.9	1.37	20.6	1.46
Impaired ADL (Mean)	49.0	48.4	1.01	47.9	1.02	48.0	1.02	49.4	0.99
Psychological Problems	60.0	50.1	1.20	56.9	1.05	54.9	1.09	57.4	1.05
Nursing Care Required (Mean)	7.5	6.6	1.14	6.0	1.25	7.3	1.03	7.3	1.02